सत्यमेव जयते

EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME

CENTRAL ORGANIZATION ECHS

STANDARD OPERATING PROCEDURE 01/2017

MEDICINE MANAGEMENT

05 Sep 2017

SOP ON ECHS MEDICINE MANAGEMENT : 01/2017

1. Refer the following :-

   (a) GOI MoD letter No 24(10)/03/US(WE)(Res) dt 25 Nov 2003. (**Appx 'A'**)

   (b) O/o DGAFMS letter No 19189/DGAFMS/DG-2C dt 28 Jan 2011. (**Appx 'B'**)

   (c) MoD letter No 19189/DGAFMS/DG-2C/ECHS dt 10 Oct 2016. (**Appx 'C'**)

   (d) Schedule 2 of DFPDS-2016. (**Appx 'D'**)

   (e) Central Organisation ECHS letter No B/49762/AG/ECHS/Rulling dt 26 Apr 2007. (**Appx 'E'**)

   (f) Central Organisation ECHS letter No B/49762/AG/ECHS dt 03 Aug 2007. (**Appx 'F'**)

   (g) Central Organisation ECHS letter No B/49761/AG/ECHS dt 21 Dec 2016. (**Appx 'G'**)

   (h) Central Organisation ECHS letter No B/49761/AG/ECHS/Policy dt 04 Jul 2017. (**Appx 'H'**)

   (j) O/o DGAFMS letter No 3528/Disp/DGAFMS/DG2D dt 05 May 2015. (**Appx 'J'**)

General

2. ECHS was operationalised wef 01 Apr 2003 with the aim to provide best medical care to the ESM and their dependents. There have been dynamic changes over the years to enhance the satisfaction levels related to medicine availability. There is a need to outline the medicine management guidelines for all including those factors which affect the medicine availability to the entitled cases.

Aim

3. The aim of this document is to lay down broad norms of medicine management in ECHS environment right from the procurement stage till it is received by the entitled beneficiary.

Preview

4. The document has been covered in the following parts:-

   (a) Procurement and Supply of Medicines.

   (b) Demand, Issue and Management at Polyclinic Level.

   (c) Management of Returned Medicines.

   (d) Management of Expired Medicines.

PROCUREMENT AND SUPPLY OF MEDICINES

Procurement at DGAFMS level
(Contents of Para 5 to 7 will be implemented only after issue of instrs by O/o DGAFMS)

5. DGAFMS is currently responsible for medicine procurement for service personnel and their dependents. While there is no direct responsibility of medicine procurement for ECHS beneficiaries being serviced through ECHS Polyclinics, certain activities as under are still relevant:-

(a) Sub allotment of budget from Budget Head – Major Head-2076, Minor Head-107(C), Code head-363/01 to all Senior Executive Medical Officer (SEMO) as per assessed requirement. Budget deficit/additional requirement/ re-appropriation from one user to other based on expenditure pattern.

(b) DGAFMS has evolved time tested procedure for procurement of medicines through 'Central Rate Contract' (CRC). Continuous effort to increase the number of medicines in this category will assist in medicine budget management as these are invariably the best rates due to volumes involved/ direct procurement from OEMs.

(c) DGAFMS has already designated Direct Demanding Officers (DDOs) located at 7 AF Hosp, Kanpur; 11 AF Hosp, Hindon; 12 AF Hosp, Gorakhpur; INHS Kalyani; INHS Ashwani; 60 FMSD, Jalandhar; 58 FMSD, Guwahati; 59 FMSD, Pathankot; 38 AMSD Bengdubi; MH Trivandrum; Army Hosp (R & R); Comd Hosp (WC); Comd Hosp (SC); Comd Hosp (EC); Comd Hosp (CC); Comd Hosp(AF), Bangalore; AFMSD Delhi Cantt; AFMSD Lucknow and AFMSD Mumbai. A regular effort will be made to increase the Nos so as to cover all the SEMOs based on practicality.

6. It will be obligatory on part of all DDOs to procure DGAFMS central rate contracted medicine for all dependent ECHS Polyclinics on the same rate as done for serving personnel (Note to Schedule 2.3 of DFPDS-2016).

7. SEMOs will get directions from O/o DGAFMS on procurement related issues, least cost and timely availability will be prime criteria for availability of medicines.

PROCUREMENT AT SEMO/SEDO LEVEL

8. Prime responsibility of medicine procurement incl dental for ECHS beneficiaries has been vested with SEMOs vide O/o DGAFMS letter No 19188/DGAFMS/DG-2C/ECHS dt 10 Oct 2016. O/o DGAFMS has now issued directions for procurement by SEDOs (Comdt/CO/OC of dental units) of dental expendable Stores vide their letter No 19189/DG AFMS/DG-2C dated 07 Jul 17.

9. While budget allocation is being done through DGAFMS office by Central Org ECHS, procedures and efficiencies at this level are going to be key to medicine satisfaction level alongwith efficient budget mgt.

10. **Methods of Medicine Procurement**. Efficient processes will be implemented so that ECHS beneficiaries are assured of timely availability of medicines.

(a) **By SEMO/SEDO.**

(i) Central Rate Contract (CRC)	-	for bulk procurement of Medicines by DDOs (03 MMF)
(ii) Price Agreement (PA)	-	for three MMF
(iii) Limited Tender Enquiry (LTE)	-	for medicines not able to procure through CRC/PA
(iv) Utilisation of Central procurement portal	-	This will be extensively utilised for online publishing and procurement of medicines. All SEMOs/SEDOs to empower themselves accordingly.
(v) Emergency Procurement as per Schedule 2.5 of DFPDS-2016 .	-	Per patient per day basis

(b) **By OiC Polyclinic through Stn Cdr.**

(i) Empanelled Local chemists	-	By Non Mil PCs with ceiling of Rs 30000 pm for Type C&D and Rs 50000 pm for Type A&B. This system will cease to exist after ALC is contracted by the Stn Cdr.
(ii) Authorised Local Chemists (ALC)	-	Authorised Local Chemist (ALC) will be contracted on station basis by Stn Cdrs with best discount quotes through open tender for all types of Polyclinics without distinction of Mil/ Non-Mil. These chemists will provide NA medicines to polyclinics' pharmacy next day which can be collected by the beneficiary. An effort will be made to inform the beneficiary through SMS about availability of the medicines. Purchase limits extendable by MDECHS are likely to be as under:- Type A &B Rs 2.5 Lakh/ month Type C Rs 1.5 Lakh/ month Type D Rs 1 Lakh/ month (Auth : GOI (MoD) letter No 22D(01)/2016/ WE/D(Res-I) dated 22 Aug 17)

11. **Procedure to be Followed**.

(a) **Demand of Medicines**. Based on current procedure connected with issue aspects, unrealistic demands will not be projected. Demand procedure will be as under :-

(i) **MMF for Serving Persons**. The procedures followed by service hosp in calculating the MMF for service persons not to be done in case of ECHS beneficiaries as nature of ailments and emergent medication response has significant difference.

(ii) **MMF for ECHS**.

(aa) Board of Officers (BOO) will be ordered by all SEMOs/SEDOs to correctly identify the medicine and expendable medicine/dental stores requirement of ECHS Polyclinics under their AOR. OIC Polyclinic, Medical Officer/Dental Officer at Polyclinics and Pharmacist at Polyclinic will be members of this board. The method of calculation of Nos arrived for each medicine/expendable stores will be documented. Once this Polyclinic MMF is decided, it will be modified on monthly basis based on the consumption pattern. NA medicines obtained through ALC in a month will be added in next demand based on cost consideration.

(ab) It will be ensured that medicines when received at pre-designated location still have minimum 5/6th of shelf life balance. E.g. if a medicine/expendable stores has 12 months shelf life, when it reaches SEMO/SEDO, it should be having at least 10 months balance shelf life. This should be followed for all Indian manufactured medicines.

(ac) In case of imported medicines (which should be the least in No), balance shelf life of minimum 60% should be accepted. This has been allowed due to transit delays.

(ad) Supply order should be explicitly stating these facts.

(ae) Supply order should clearly mention that those slow moving/ non consumed medicines can be returned to the vendors minimum three months before expiry date for clean exchange. OIC Polyclinic will ensure that this provision is utilized to ensure that there is 'zero' wastage of the medicines supplied on this count. OIC Polyclinic should intimate details of those medicines with balance shelf life of four months which cannot be consumed so that SEMOs/SEDOs, can ensure clean exchange of medicines three months prior to them getting expired.

(b) A close coordination must be maintained between OIC ECHS Polyclinic and SEMO/SEDO for correct and timely demand of medicines.

12. **Price Agreement**. It will be mandatory on part of each SEMO/SEDO to go through the process of Price Agreement for all the medicines required by their Polyclinics prior to adoption of 'Rate Enquiry Model'. 'Rate enquiry model will only be adopted for which Price Agreement could not be concluded or vendor failed to supply the medicine

despite Price Agreement. All out effort will be made at SEMO and/or Formation/MG (Medical) at HQ Command level to ensure this so that medicines demanded are made available at the best price possible to economise the budget expenditure. Rate Enquiry model can be adopted for the medicines available at lower rates than quoted in Price Agreement. Least cost will be the prime criteria for medicine procurement without affecting the patients adversely. Policy issued by DGAFMS be followed.

13. **Procurement of Emergency/Not Available Medicines**.

(a) **By OIC Non-Mil Polyclinics**. Within their powers and limit of monthly expenditures through Empanelled Chemists. A transparent system to select medicines and patients will be ensured.

(b) **By SEMO**. OIC Polyclinic will raise demand on SEMO by best possible fastest means for procurement of medicines. SEMO will utilise his powers enshrined in schedule 2.5 of DFPDS-2016 for immediate procurement on per patient per day basis. Other condition mentioned in Schedule 2.5 will also apply for this type of emergency procurement.

(c) **All Polyclinics**. They will shift to Authorised Local Chemist (ALC) approved for NA medicines. Once the empanelment is done by Stn Cdr in accordance with GOI (MoD) letter No 22D(01)/2016/ WE/D(Res-I) dated 22 Aug 17

14. **Quantum and Pattern of Demand**. Based on fund availability, expenditure pattern, storage space and handling capacity, quantum of demand can be regulated by SEMO/SEDO in consultation with OIC Polyclinic. The following will be adhered:-

(a) Only generic medicines will be demanded as stipulated in GoI, MoD letter No S-11025/45/10/MH-I dt 26 may 2010 and letter No S-11011/16/2012-CGHS(P) dt 08 Apr 2015 (Copy att Appx 'K')

(b) Food supplements, cosmetics and ayurvedic preparations will not be demanded. Vitamins, Minerals and anti-oxidants will be restricted to prevalent PVMS/CGHS formulary only contained vide CGHS office memorandum No 39-3/2003-04/CGHS/MSD/RS dt 23 Jul 2009 (copy att Appx 'L').

(c) Instruction should be passed to the empanelled hospitals to write generic drugs. Even if the empanelled hospitals prescribe branded medicines, generic medicines will be issued. Service specialist/MO Polyclinic is empowered to modify the prescription both in qty and type of medicines. Branded medicines prescribed by the empanelled hospitals will be converted into generic medicines when patient reports back to the Polyclinic after discharge from the hospital. In case of combination medicines, if the components are available in the stores, combinations cannot be demanded.

(d) If the demand is of a medicine in a particular denomination viz 20mg and 10mg tablets are being given, the qty demanded will be doubled. An effort will be made to demand and supply of medicines as required as lower denomination results in excessive expenditure viz 2 x 5mg tablets will cost more than 1 x 10mg tablet. While converting, cost escalation should not take place.

(e) An all out effort will be made to ensure that realistic demand is placed and there is no wastage.

(f) Whatever medicines have been purchased by OIC Polyclinic from their own power/Authorized Local Chemist, those medicines will also be included in next monthly demand so that these can also be procured and provided by the SEMO/SEDO if available at better rates.

(g) Medicines will be made available to Polyclinics at the earliest after receipt but not later than 15 days of the receipt. Fund provision has been made for transportation/dispatch of medicines.

(h) A copy of supply order with cost of medicines will be endorsed to OIC Polyclinic for calculation of funds utilised for his Polyclinic by respective SEMOs. In case there are more than one Polyclinic under one SEMO, OIC Polyclinics will calculate their own expenditure based on cost of medicines in supply order co-relating the same with the issue voucher and medicines recd. Details of medicines purchased wef 01 Apr 17 will be fwd to RCs by OIC Polyclinics for compilation at their end.

(j) There are patients with chronic disease incl cancer. Special care must be taken that all such patients are given their medicines timely. Proper coord will be maint between SEMO and OIC Polyclinics.

DEMAND, ISSUE AND MANAGEMENT AT POLYCLINIC LEVEL

15. Polyclinic constitute the most important link in the entire chain. While on one hand they trigger the demand process, on the other hand they execute the delivery of medicines to ECHS beneficiaries.

16. **Demand**.

(a) Content of Para 11(a) holds good for OIC Polyclinics to prepare the realistic demand.

(b) Available stock will be factored besides likely expenditure and ‘Non Available’ medicines to the ECHS beneficiaries.

(c) Stock holding capacity and safe custody including ‘refrigeration requirement’ for certain medicines will also be factored for deciding the quantum of medicines to be demanded.

(d) Demand will be prepared by a board with OIC Polyclinic/officiating incumbent as Presiding Officer, a nominated Doctor and Pharmacist as members. Inputs of medical specialist and other experts will be also factored.

(e) Requirement of Dental medicines will also be accordingly factored.

(f) It will be better that the medicine demand is forwarded immediately after 'Stock Taking Board' (STB) of medicines, however, the timing can be modified by OIC Polyclinic based on ground situation. 'Overstocking is equally disadvantageous as is the understocking. STB will be done by a Bd of Offrs under Stn HQ arrangements. The following will be ensured :-

(i) List of complete medicines will be prepared alphabetically. Some medicines in multiple weight denominations will have lower denominations first.

(ii) Stock availability as per ledger (stock ledger as well as computer data of pharmacy) for all type of medicines will be reflected together viz whether medicines received from AFMSD/SEMO/transfer from other Polyclinics/returned etc will be counted together.

(iii) Stock checking for all medicines will be done on ground. Variations, if any will be recorded and reconciled.

(iv) All issue voucher received from others will be receipted on receipt of medicines.

(v) Receipt voucher Nos will be obtained from external agencies. Issue vouchers without RV Nos are not the valid document for authorised transactions.

(vi) Medicines received from SEMO will be receipted with proper vouchers.

(vii) OIC Polyclinics can utilise 'last working day of the month for this activity wherein only emergency cases can be entertained in the Polyclinic.

(g) Demand should factor 'NA medicines' pattern from Authorised Local Chemist so that 'NA medicines' can be reduced. Price comparison will be factored. Rate enquiry will quote the discounted agreement with Authorised Local Chemist.

(h) 'Least cost' will be the primary criteria for medicine procurement.

17. **Receipt**.

(a) An earnest endeavour will be made to collect the medicines from SEMO/ SEDO once supply is received. Telephonic contact will be maintained for the purpose.

(a) The receipt will not be delayed beyond 15 days.

(c) 'Opening Board' will be held with a Medical/ Dental Officer & Pharmacist being included to confirm that the receipt stock is tallied on ground to that reflected in the voucher.

(d) Stock so received will be taken on ledger charge and a written confirmation signed by OIC Polyclinic will be maintained that the medicines have been correctly taken on charge with information to SEMO/SEDO. RV Nos will be issued and voucher copy will be returned to the originator.

(e) Medicines will be correctly stocked as per relevant instructions. Their layout should facilitate easy access to the Pharmacists for issue at the counters. Medicines with least residual shelf life should be issued first.

18. **Issue of Medicines**.

(a) Prominent Boards displaying 'ONLY GENERIC MEDICINES WILL BE ISSUED' and 'NO FOOD SUPPLEMENTS, COSMETICS AND AYURVEDIC PREPARATIONS WILL BE ISSUED' will be placed at prominent locations in the Polyclinics.

(b) ECHS Polyclinic is mandated to function as patient management/ treatment centres by utilising all diagnostic & therapeutic facilities and not merely as a referral centre/clinic.

(c) Whenever a patient comes to the Polyclinic, he/she should meet the doctor after registration in his/her turn.

(d) Once the patient reports, doctor should examine and treat him/her if the patient is suffering from an ailment which can be managed by the doctors.

(e) The patient should be referred to the specialist/specialities for which doctor are posted in ECHS Polyclinics viz Medical specialist/Gynecologist/Radiologist. Services of service specialist in Mil Polyclinics will be also utilised before considering empanelled facilities. Subject to willingness on part of service hospitals, ECHS patients can report directly to specialists on OPD days, however, specific instructions will be issued by OIC ECHS Polyclinic in coordination with SEMO. Provision of correct identity and record of medicine issues will be correctly factored.

(f) It must be known and religiously practiced that decision to refer the patient to the empanelled facility is that of the 'doctor'. It cannot be demanded by the patient and will not be allowed on 'demand'.

(g) In case the doctor has decided to refer the patient to an empanelled facility, choice to select the hospital is that of 'Patient'. No direct and indirect influence will be put on 'Patient' to affect his/her choice.

(h) Medicines will be issued to patient only unless medical specialist/medical officer has certified that the veteran is unable to come to the Polyclinic due to age/medical condition. It can be issued to his authorized representative having proof of identity and authorisation if medicine is 'NA' on his first visit.

(j) Preferably a separate counter will be established for repeat medicine cases but all patients will still be seen by the doctor every time they visit the Polyclinic for medicines. Doctors will adjust/modify the medication as per patient's condition.

(k) ECHS beneficiaries having requirement of long term medication will maintain a suitable note book for facilitating endorsement of Doctor for medicines and diagnostic findings. This may not be required once new smart cards are issued and automation matures.

(l) Date of medicine issue will be clearly mentioned. In case of repeat medicines, next due date (NDD) will be clearly endorsed. Veterans/dependents can collect the medicine 10 days before the NDD. Next NDD will be calculated from NDD and not from the date of issue which will be clearly mentioned.

(m) Since patient comes to ECHS Polyclinic for medication and treatment, original membership card will be produced. Photocopy of membership cards will not be accepted for treatment and referral to empanelment hospital. Due to all members having common card/other practical difficulties, OIC Polyclinic may allow the ECHS beneficiary to utilise the facilities subject to est of identity/eligible beneficiary. A compassionate but correct view be taken.

(n) Except in case of bedridden patients already recorded by ECHS/service medical authorities, all beneficiaries have to physically report to the Polyclinic for treatment and referral to the empanelled hospital, if required. There have been numerous impersonation cases which have to be addressed. Practice of referrals without patient will not be continued except in case of bedridden/accident/ emergency cases.

(o) Eligibility of ECHS beneficiary will be checked at the registration counter as per current instructions. Mere holding of membership card does not make person eligible for the treatment. Non-entitled persons utilising the facility will result in confiscation of membership cards.

(p) **Monthly Issue of Medicines**.

(i) For chronic ailments as under medicines for one month will be issued:-

(aa) Hypertension.
(ab) Diabetes.
(ac) Bronchial Asthma.
(ad) Rheumatoid Arthritis.
(ae) HIV/AIDS.
(af) Viral Hepatitis etc.

(ii) It may be appreciated that ensuring the correct dosages, after fragmenting tablet especially by ECHS member who are old and frail becomes difficult task. On some occasions, it has resulted in either over dosage (or) less than prescribed strength medicines.

(iii) Some of the veterans don't consume certain medicines. Based on their inputs, unnecessary medicines should be deleted.

(iv) Certain medicines get added due to transitory problems alongwith other continuing medicines e.g. cough syrup getting added at some stage to a diabetic patient, while diabetic patient may require sustained medication for the purpose, cough syrup may not be required after the ailment is over. Unnecessary medicines should be deleted.

(v) All out efforts will be made that ECHS beneficiaries are given required medicines, however, wasteful prescription and issue of excessive medicines will be avoided.

(vi) No precautionary lab tests will be undertaken.

(vii) Tendency to demand medicines and create 'First Aid Box' will be prevented so that all beneficiaries get their medicines.

(q) **Issue of Medicines for Longer Duration (90 days)**. Maximum three months medicines may be issued in the following cases:-

(i) ECHS beneficiary is proceeding to a foreign country for three months or more from the date of leaving India. Visa/air tickets will be checked and OIC Polyclinic will satisfy himself. NDD (Next Due Date) will be correctly recorded in the Notebook.

(ii) In case of Bed ridden patients as well as chronic cases as given above subject to endorsement of medical officer/specialist of Polyclinic that "No review required for 90 days".

(iii) Patients from Hilly region/difficult areas where commuting is difficult viz Jammu & Kashmir, Himachal Pradesh, Uttarakhand, North East regions and other difficult areas.

(iv) Medicines will only be given if issue does not affect other patients adversely which will be at the discretion of OIC Polyclinic keeping stock position of medical stores in mind.

(v) Medicines procured out of local purchase powers of OIC Polyclinic or from Authorised Local Chemist will not be issued for three months.

(vi) It will be mandatory for the patient to be reviewed by the doctor for regulation of doses of medicines after three months.

(vii) Doctors of Polyclinic will be accountable for the prescriptions being written.

(r) Any ECHS beneficiary should not get involved in medicines being taken from two sources for the same duration. In case of default, action will be intiated.

(s) OIC Polyclinic, Medical Offr and staff at Polyclinic should also ensure that only authorized ECHS beneficiaries are given the medicines. Cases of default will be severely dealt with.

MANAGEMENT OF RETURNED MEDICINES

19. **Management of Returned Medicines**. The following actions will be taken:-

(a) One or two medicine drop boxes will be kept at appropriate places to facilitate ECHS beneficiaries returning the unused medicines. These boxes will be made of glass on one side so that the quantum of medicines is visible. This will be locked and will be opened at least once in a week (on Friday/any other nominated day) depending on quantum of medicines and handling capability of Polyclinics.

(b) Once the box is opened, medicines will be segregated. Those expired or any doubt in name/authenticity will be destroyed while balance will be taken on ledger charge like other medicines. It will then be issued like other medicines. If a veteran returns medicines costing more than Rs 1000/- (Rupees one thousand only) at a time, a receipt will be given to him/her on demand.

(c) List of medicines alongwith value (to be calculated based on MRP) will be fwd to RCs, Stn HQs and SEMOs once a month. This could be in the form of photocopy of all stock lists prepared on weekly basis.

(d) If these medicines cannot be utilised prior to their shelf life getting over, these can be offered to other Polyclinics within/outside Regional Centres.

(e) Strict quality control should be ensured in case of returned medicines so that possibility of spurious drugs can be totally avoided. Liquid drugs should be accepted only after confirmed verification.

(f) Once taken 'on charge', these medicines will be handled like normal medicines.

MANAGEMENT OF EXPIRED MEDICINES

20. **Management of Medicines likely to be Expired (Shelf Life getting over) (This Para will be operative once instructions are issued by office of DGAFMS. Till then, instructions issued vide DGAFMS letter No 3528/Disp/DGAFMS/DG2D dt 05 May 15 be followed)**.

(a) All medicines procured through SEMO irrespective of the method (Central Rate Contract/Price Agreement/Rate Enquiry) can be returned to the vendors three months before the expiry date and vendor will replace all such medicines-Supply order should include this condition. OIC Polyclinics will take action as per Para 11 (a)(ii)(ae) above.

(b) To ensure that the medicines reach the vendor three months before the date of expiry, quantum of medicines likely to be expired will be intimated to SEMO four months in advance of expiry date so that necessary processing can be done to return them will in time.

(c) Responsibility of expired medicines will be that of SEMO if OIC Polyclinic has given written information to SEMO four months before shelf life getting expired with copy to RC and can dispatch these medicines as required by SEMO.

(d) Extra medicines can also be issued to other Polyclinics who require these medicines. Issue voucher will reflect the correct details including date of expiry. RV Nos will be given by the recipient Polyclinic.

(e) Extra medicines can also be issued to MH if the same are required to be utlised for ECHS patients. Issue voucher will reflect the correct details including date of expiry. RV Nos will be given by the recipient Mil Hosp.

(f) In case medicines are given to MH for service persons, there will be given on loan voucher and will be replaced. Alternately, cost accounting can be done by SEMO from budget meant for service persons.

(g) In case of above action not taken, OIC Polyclinic will be accountable for wastage of any 'expired' medicines in the Polyclinic.

SUMMARY

21. In conclusion, supply of medicines to ECHS beneficiaries is an essential service which has been endeavoured to be streamlined in this SOP. The key players in medicine satisfaction are the polyclinic for generation of demands and correct projection for future procurement and the SEMO who has to procure and supply the medicines in a realistic timeframe. SEMO has been given many different ways to procure the medicines at a reasonable rate and also has the capability to stock and regulate the issue of medicines to polyclinic. Sensitisation of SEMOs to various methods of procurement and the need for monitoring the medicine supplied and issued by polyclinics to veterans will go a long way in ensuring that veterans get their essential medicines in a timely manner in quality and quantity desired while maintaining financial prudence and budgetry control. Anyone found misusing the system will be strictly dealt with.

22. It is also equally important that ECHS beneficiaries should be motivated to adopt healthy health habits and healthy diets rather than undue dependence of excessive medication. Medical and Dental Offrs must care for our ECHS beneficiaries in 'Total Health Concept' as our veterans have given their best to the country.

Case file No : B/49762/AG/ECHS/Medicine

Dated : 05 Sep 2017

(IVS Gahlot)
Col
Dir Medical
for MD ECHS

Abbx 'A'

No. 24(10)/03/US(WE)/D(Res)
Government of India
Ministry of Defence

New Delhi, the 25th November 2003

To,

The Chief of Army Staff
The Chief of Naval Staff
The Chief of Air Staff

Subject : **Procedure for procurement of Drugs and consumables for Ex-servicemen Contributory Health Scheme (ECHS)**

Sir,

1. With reference to Govt of India, Ministry of Defence letter No 22(1)/01/US(WE)/D(Res) dated 30 Dec 2002, I am directed to convey the sanction of the Government on the Procedure for procurement of Drugs and consumables for Ex-servicemen Contributory Health Scheme (ECHS) as per Appendix attached with immediate effect.

2. This procedure will be reviewed after one year.

3. This issues with the concurrence of Ministry of Defence (Finance) vide their U.O. No. 1275/PD/03 ated 24.11.2003.

Yours faithfully
Sd/-xxx
(V.K. JAIN)
Under Secretary to the Govt. of India

Copy to:-

1. CGDA, New Delhi
2. SO to Defence Secretary
3. PPS to Secretary (Defence/Finance)
4. PPS to AS (Acquisition)
5. PPS to AS (T) / PPS to AS (I)
6. Addl FA (B) / Addl FA (V)
7. JS (ESW)
8. JS (O/N)
9. Dir (Finance/AG)
10. Defence (Finance/AG/PD)
11. DFA (B)/DFA (N)/DFA (Air Force)

Appendix

EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME (ECHS) PROCEDURE ON PROCUREMENT OF DRUGS AND OTHER CONSUMABLES

Calculation of Annual Requirement of Drugs and Other Consumables

1. The requirement for drugs and other consumables for ECHS Polyclinics will be estimated annually by calculating the Monthly Maintenance Figures (MMF) as per laid down procedures of Armed Forces Medical Services (AFMS).

2. However, in the initial three years of ECHS operation, the MMF may not reflect a true representation of monthly requirement of drugs and consumables for the Polyclinics. Hence the estimation of requirements for drugs and other consumables based on authorised Priced Vocabulary of Medical Stores (PVMS) scales for Augmented Armed Forces Clinics (AFCs) in Military stations will be done by the Senior Executive Medical Officer (SEMO)/ Chief Medical Officer (CMO)/ Senior Medical Officer (SMO) of the respective stations. In cases of ECHS Polyclinics in non-military stations, the SEMO/Commanding officer of the designated Service Hospital to be nominated by the controlling SubArea Headquarters (HQ) will calculate the annual requirements for the Polyclinic. The calculations will be based on the following estimates/assumptions :-

(a) **Estimates Required.**

(i) Total number of existing Ex-Servicemen (ESM) and family pensioners/widows.
(ii) Estimated number of yearly add-ons of fresh pensioners.

(b) **Assumptions**

(i)	Number of dependents per ESM/Widow	- 5
(ii)	Proportion of ESM likely to join Scheme during first year	- 25%
(iii)	Proportion of ESM Likely to join Scheme in next 5 years	- 5% per year.

3. Deputy Directors Medical Services (DDsMS) Commands will collate the annual requirements for all Polyclinics in their jurisdiction and forward it to Central Organisation ECHS and Director General Armed Forces Medical Services (DGAFMS).

Budgetary Support

4. Based on the inputs received from Commands and expenditure during the previous year, DGAFMS will project the estimated cost of drugs and other consumables to the Central Organisation ECHS by 30 December each year as per para 14 of part VI of Appendix to GOI letter No 24(3)/03/US(WE)/D(Res)(ii) dated 08 Sep 03.

5. The Central Organisation ECHS will thereafter earmark funds from **ECHS Major Head – 2076, Minor Head -110 D Code Head - 422/13,** which will be intimated to Financial Planning Directorate (FP Dte) and DGAFMS. FP Dte, Army Headquarters will place the allotted funds at the disposal of DGAFMS, for further allocation to Armed Forces Medical Stores Depots (AFMSDs).

6. Issue of Drugs and Consumables for ECHS Polyclinics will be arranged by DGAFMS through existing Armed Forces Medical Stores Depots (AFMSDs)/ Advanced Medical Stores Depots (AMSDs) /Forward Medical Stores Depots(FMSDs) on separate indents raised by concerned SEMO/SMO/PMO. AMSD and FMSD will forward the issue vouchers to dependent AFMSDs, for pricing and subsequent book debit. All accounting and book debit will be done by the AFMSDs where as AMSDs and FMSDs will be distributing agencies.

7. The indents of ECHS Polyclinics will be priced by AFMSDs ie AFMSD Mumbai, AFMSD Lucknow and AFMSD Delhi. The LAO will undertake a concurrent audit in the AFMSDs as per current procedures. The cost as detailed in the Priced vouchers will be debited against ECHS under code head 422/13 by AFMSDs, under intimation to Central Organisation ECHS and DGAFMS.

Procurement of Drugs and Consumables

8. Drugs and other consumables for ECHS will be procured by the DGAFMS as per procedure embodied in Appendix 'A' to Min of Def letter No14(1)/98/D(Med) dated 13 March 2000 (copy enclosed).

9. The existing financial powers for procurement of Drugs and medical/non-medical consumables as vested in the DGAFMS, Commandants AFMSD and Commandant/ Commanding Officers various Military Hospitals will be utilized for procurement of drugs and consumables.

Indenting, Issue and Distribution of Drugs and Consumables

10. **Indents**. Indents will be raised by Polyclinics and submitted to SEMO/ CMO / PMO under whose jurisdiction the ECHS Polyclinic is located. The indents after countersignature of the SEMO/CMO/PMO will be forwarded to the concerned AFMSD/ AMSD/FMSD.

11. **Issue**. The AFMSD/AMSD/FMSD will consign the drugs and consumables for ECHS Polyclinics to the Service Hospital under which the ECHS Polyclinic is located. The Service Hospital will thereafter distribute the drugs and consumables to the ECHS Polyclinics. Issue of drugs and consumables to ECHS Polyclinics will be accounted for separately by Commandant/ Commanding Officers of concerned Service Hospitals.

12. However, when the ECHS Polyclinic is located in a Non Military station, the SEMO/SMO/PMO for such ECHS Polyclinics are permitted to authorize AFMSD/AMSD/FMSD to dispatch the drugs and consumables directly to such Polyclinics under intimation to the SEMO/SMO/PMO. The financial powers presently delegated to DGAFMS, Comdt AFMSD/AMSD/FMSD and Station/Formation Commanders to hire transport or dispatch by other means will be utilized for the purpose.

Accounting of Drugs and Consumables

13. The accounting of Drugs and Consumables will be as per instructions for the Armed Forces Medical Services. The Drugs and Consumables will be taken on charge at the Polyclinic. The expenses will be duly charged off based on the prescription of the Doctors. Transactions will be maintained in a ledger. A Board of Officers will carry out Stock taking at the end of every month. The Board of Officers will be detailed by the Station Commander. The ledgers will be audited by the local audit officer (LAO) every quarter.

14. Any surplus stocks or toxic medicines will be disposed of as per approved procedures of AFMS. Loss of stores will be dealt with as per procedures laid down in the Financial Regulations.

Local purchase of Drugs and other Consumables

15. For local purchase of 'Not Available' drugs and other consumables, funds will be allocated by DGAFMS to the Commandant/Commanding Officers of service hospitals for purchases as per existing local purchase procedure and utilization for ECHS purposes by them and issue to Polyclinics under respective jurisdictions, in case of Army and Navy. In case of Air Force, the funds will be allocated to Air HQ for sub allocation to AOCs/COs of Stn HQs for purchase of drugs and consumables for Air Force Hospitals under their jurisdiction. Locally purchased drugs and consumables will be accounted for separately by the Commandants/Commanding Officers of concerned service hospitals. The drugs will be subject to stock checks by Board of Officers and will be audited by LAOs.

(Para 15 amended vide 24(10)/03/Pt-I/US(WE)/D(Res) dated 19 Jul 05).

16. Funds for local purchase will be made available by the DGAFMS to the Service Hospitals of Army and Navy. In case for Air Force, local purchase of drugs and consumables will be effected as per existing approved procedure by the Govt followed in Air Force. Payment will be effected by Stn HQs from their Cash Assignments. DGAFMS will monitor the expenditure of local purchase for ECHS purchases sub-allocated to service hospitals of Army, Navy and Air Force (through Air HQ) as per laid down procedure for AFMS hospitals.

(Para 16 amended vide 24(10)/03/Pt-I/US(WE)/D(Res) dated 19 Jul 05).

Local Purchase of Emergent, Life saving and Essential drugs

17. In Non Military stations and Military stations without Service Hospitals, local medical stores/chemists will be empanelled for supply of emergent, life saving and essential drugs on required basis.

Amended vide GoI/MoD letter No 22D(01)/2016/WE/D(Res-I) dated 22 Aug 17

18. The empanelment of local medical stores/chemists will be done by a Board of Officers constituted by the Station Commander which will comprise:-

Chairman	–	SEMO/SMO/PMO of the Station.
Members	–	Lt Col (Non Medical) detailed by Station Commander
	–	Officer in charge Medical Store of Service Hospital

19. The Board of Officers will invite applications through advertisement in the local press from local medical stores/chemists for empanelment with ECHS Polyclinic. The Board will check if the empanelled medical store/chemist stock drugs and consumables of DGQA registered firms and firms on DGAFMS approved list. The local medical stores/chemists will submit latest Sales Tax registration and clearance certificate and IncomeTax certificate. The Board of Officers will submit a recommended list of local medical stores/chemists to the Station Commander. The list will be forwarded to the Area Commander for approval.

20. When an emergent/life saving/essential drug prescribed by the Medical Officer in the ECHS Polyclinic is not available as confirmed from the stock in the medical store, and requirement of the same is essential for a patient, the Officer in charge Polyclinic will raise a demand to the empanelled local medical store/chemist. The demand will be supported by prescription signed by the Medical Officer managing the case. In all such cases, the Medical Officer will ensure that there are no other substitutes available in the Polyclinic in lieu of the drug required. On receipt of the demand the empanelled local medical store/chemist will supply the required drug to the Polyclinic.

21. The Bills for the drugs supplied will be forwarded by the empanelled local medical store/chemists every fortnightly to the Officer in charge Polyclinic along with a copy of the demand raised by the Polyclinic. The Officer in charge Polyclinic will after due verification authenticate the receipt of drugs/consumables and forward the consolidated bills by the 5th of the following month to the SEMO/SMO/PMO who will arrange to send bills for releasing payment. The SEMO/SMO/PMO will ensure that the [illegible] drugs/consumables indicated in the bills do not exceed the approved DGLP rates of the Service Hospital. After verification of the bills and approval of SEMO/SMO/PMO the bills will be forwarded to the Station Commander for payment.

Amended vide GoI/MoD letter No 22D(01)/2016/WE/D(Res-I) dated 22 Aug 17

22. The payments for medical expenses on account of drugs and consumables will be made from the cash assignments placed at the disposal of Station Commanders and in exercise of delegated financial powers vide para 1 of Appendix to GOI letter No 24(3)/03/US(WE)/D(Res)(i) dated 08 Sep 03 relating to payments and reimbursements for medical expenses. The Payments will in no case exceed the following monetary ceilings per Polyclinic:-

(a)	Type A and B Polyclinics	–	Rs 50,000/- per month
(b)	Type C and D Polyclinics	–	Rs 30,000/- per month

Amended vide GoI/MoD letter No 22D(01)/2016/WE/D(Res-I) dated 22 Aug 17

23. When the medical expense on drugs and consumables is beyond the delegated financial powers of the Station Commander, appropriate sanction of the Competent FinancialAuthority will be taken before releasing the payment. The payments will be effected by cheque.

24. The expenditure on account of local purchase of drugs and consumables from empanelled local medical stores /chemists will be monitored separately under the relevant revenue head. A separate detailed head of account will be opened in consultation with CGDA.

Amended vide GoI/MoD letter No 22D(01)/2016/WE/D(Res-I) dated 22 Aug 17

25. [illegible] be maintained and particulars of patients who are issued the essential medicines will be recorded. The records will be checked by a Boards of Officers detailed by the Station Commander, and will be audited by Local Audit Officer(LAO) every quarter.

Appx 'B'

Telephone 23093481

19189/DGAFMS/DG-2C

28 Jan 2011

OFFICE OF THE DGAFMS/DG-2C

ISSUE OF MEDICINES TO ECHS BENEFICIARIES

1. The office of the DGAFMS had issued instructions vide this office letters of even number dated 28 Sep 07 & 22 Jun 09 that, medicines to ECHS beneficiaries will be issued for only one month. The policy was arrived at, after due deliberation on this sensitive issue.

2. This policy is primarily based on principle of sound medical practice for interaction with patient to monitor treatment protocol and its outcome, ensuring better patient compliance and so on. No fixed period can be stipulated for prescription, as at times, reviews are warranted more often depending on the drugs prescribed and the patient's changing health condition. A one month review interval is the best possible balance between patient's convenience and sound medical practice. This also minimizes adverse drug reactions, reduces avoidable wastage of medicine and thus, has a positive effect on the patient health care.

3. There have been representations from ECHS beneficiaries from time to time that medicines must be issued for three months at a time instead of one month. This matter has been re-examined. It is again emphasised that the policy for issue of 30 days medicine at a time, must be adhered to, for the reasons cited above. However appreciating the difficulties of ex-servicemen coming from far flung areas/outstations, medicines may be issued for a period of 60/90 days at a time at the discretion of the treating physician on case to case basis. In all such cases, the treating doctor will endorse the remarks "Case does not require review for 60/90 days".

4. This has the approval of Offg DGAFMS.

(LK Sharma)
Maj Gen
Addl DGAFMS (E&S)

DGMS (Army)

DGMS (Navy)

DGMS (Air)

MD ECHS

(Units under DGAFMS)

TOTAL P.003

Appx 'C'

Telephone: 23092451

Raksha Mantralaya
Karyalaya Maha Nideshak
Sashastra Sena Chikitsa Sewa
'M' Block, New Delhi - 01

16199/DGAFMS/DG-2C/ECHS

18 Oct 2016

DGMS (Army) / DGMS-3H

DGMS (Navy) /JDMS (E&S)

DGMS (Air) / JDMS (E&S)

Dte Sanitation/Communicable Disease Control
18 OCT 2016
ECHS
IHQ of MoD (Army)

PROCUREMENT OF DRUGS & CONSUMABLES: ECHS

1. Refer teleconversion between DGAFMS and AG dated 10 Oct 2016 and meeting held in O/o DGAFMS dated 03 Aug 2016.

2. A deliberate decision was taken during the ibid meeting that hence forth all procurement of ECHS drugs and consumables will be undertaken completely by SEMOs. AFMSDs will be delinked from the procurement process of ECHS drugs & consumables.

3. In view of the above, any additional allotment of ECHS funds by Central Org ECHS, for procurement of drugs for ECHS clientele will be sub allotted to various AFMS hospitals/Units and not to AFMSDs.

4. As such, MGs, Med/ Brigs Med/ Cdrs Med of Fmn HQs may be directed to sensitise the Cdrs of this policy change.Suitable directions may also be issued to SEMOs of AFMS establishments to adopt a more proactive and dynamic role in procurement of expendable medical stores to ensure seamless provisioning of medical stores for ECHS clientele.

5. This has the approval of DGAFMS.

(SD Mulgund)
Brig
Dy DGAFMS (Stdn)

Copy to:

AG Sectt

MD ECHS
Central Organisation
Maude Lines
Delhi Cantt – 10

- For info please with request to info staff at all Comd HQs.

- For info please with request to inform all OsC ECHS polyclinics.

21

Appx 'D'

2.4. Local Procurement – PVMS/NIV Medical/Dental/ Vet Stores (Expendable & Non-Expendable) / ECHS stores/ Price Agreement and Local Repair Contract:-

DG AFMS		10	1000
DGMS (Army, Navy, Air Force)/ DGDS/ DCIDS(Med)		6	500
Heads of Medical Branches at Fmn / Comd HQ of Army / Navy / Air Force & Joint Staff incl CMOs of Navy & PMOs of Air Force	Maj Gen&Equiv	4	300
	Brig&Equiv	3	200
	Col&Equiv	2	100
Comdts / COs / OsC / OsIC of AFMS Hosps / FdHosps / Medical & Dental Units/ Ests/ AFC / All dental Ests of Army / Navy / Air Force & Joint Staff incl SMOs of Air Force stations & PMOs / FMOs or COs of Ships & equivalent of Navy and Air Force of the ranks mentioned below/ EME CFAs:-			
Lt Gen		3	500
Maj Gen		2	250
Brig		1	100
Comdts AFMSDs (Lucknow, Delhi, Mumbai)		.5	200
CO AFMSD Pune / ECTC/ AFTC and AFMC(BTD) Pune		.5	100
CO AMSDs & FMSDs / MESDs / Fleet Medical Store Depots		.25	20
Col		.1	60
Lt Col and below		.1	20
Dir (Med) of ECHS		.5	05
Jt Dir (Med) of ECHS		–	2.5
CO/ OC of EME Wksp (Col)		–	05
CO//OC of EME Wksp (Lt Col and below)		–	2.5

tes:-

. Each procurement should be restricted to a maximum of 03 x MMF through RFP and upto 03 x MMF through RC to over procurement cycle and prevent stock out/ non availability of essential/ critical/ common use drugs and medical stores.

. Price Agreement shall be concluded as per Para 8.1.3 of DPM-2009. The financial powers for price agreements should e double of the above local procurement powers. Supply orders can be placed for upto a maximum three months equirement (3 x MMF) against Price Agreement.

Dir (Med) and Jt Dir (Med) of ECHS will procure medical stores which are NA to meet a maximum of 30 days requirement CHS beneficiaries.

. All EME CFAs will sanction local repair contract/ local purchase of any spare parts, accessories, maintenance stores, aterial or items of equipment required to expedite repairs of all types of Medical/ Dental/ Vet/ ECHS equipments in onsonence with AO 3/2010.

Provisions for procurement and issue of non-expendable medical stores for domiciliary use as prescribed by authorised orisit/ Sr Adv/ Spl for serving personnel &their dependents and ECHS beneficiaries (example : - Auto CPAP, Auto BIPAP, earing Aids, Oxygen Concentrator etc) will also be considered under this Sub-schedule by medical/ dental CFAs.

These procurement powers will be on "per item per day basis".
Powers given in this schedules may be used for processing all 'CBRP' cases.

2.5 Emergency powers to procure medical stores

Note:-

1. Emergency shall be defined as a situation arising in the area of responsibility of AFMS health care echelons, which fulfils any one or more of the undermentioned criteria :-

Comdts / COs / OsC / OsIC of AFMS Hosps / FdHosps / Medical & Dental Units/ Medical Ests/ AFC / All dental Ests of Army / Navy / Air Force & Joint Staff incl SMOs of Air Force stations & PMOs / FMOs or COs of Ships & equivalent of Navy and Air Force of the ranks mentioned below:-

Lt Gen	5	These powers will be on per patient/ per day basis.
Maj Gen	3	
Brig	2	
Col	1	
Lt Col and below	0.5	

(a) Life threatening/ critical/ serious clinical situations.

(b) Disasters/ natural calamities/ epidemics/ pandemics/ mass casualties.

(c) Battle casualties/ battle accidents.

(d) Non-availability of medical stores both expendable and non-expendable (which may result in situations as listed at 1 (a) above)

(e) Failure of RCs/ PAs(which may result in situations as listed at 1 (a) above)

(f)Any other medical/ surgical/ clinical situation where inability to diagnose/ treat can result in mortality/ life threatening/ critical condition/disability.

(g) Sudden failure of critical medical equipments.

2. Suitable intrinsic oversight mechanisms and safeguards in the form of SOPs will be instituted by the O/o DGAFMS to ensure correct usage of the above powers to prevent any deviation.

3. These powers will be on 'per patient/ per day basis'.

Appx 'E'

Tele/FAX: 011-25684945
MH 36833

Central Organisation, ECHS
Adjutant General's Branch
Army Headquarters
Maude Line
Delhi Cantt – 110 010

(14)

B/49762/AG/ECHS/Ruling

26 Apr 2007

All Comds/ Regional Centre ECHS

ISSUE OF 'NA' MEDICINES FROM ECHS POLYCLINIC

1. Feedback has been received from the environment that ECHS patients are subjected to avoidable inconvenience by being asked to visit the Polyclinics in person, for the second time/ repeatedly, only to collect medicines which were marked 'NA' in the first instance on a particular prescription.

2. The following instructions will be followed with immediate effect :-

(a) In case certain medicines prescribed by the MO/ Specialist are not available in the first instance from the Polyclinic dispensary, the same can be issued to rep of member on a subsequent day. It will not be mandatory for the patient himself to come once again in person, just to collect medicines marked 'NA' from the Polyclinic at an earlier date.

(b) Any rep of the ECHS member, can come and collect the medicines marked 'NA' in an earlier prescription, provided he is in possession of the original prescription and the member's Smart card as an authority.

(c) However when a fresh prescription is required to be generated, the patient needs to be physically present at the Polyclinic for examination and review by the MO each time.

3. The above may be disseminated to all Polyclinics for compliance and display for info of beneficiaries.

(G Ghose)
Col
Dir (Med)
For MD

Internal :-

Web JCO

Appx 'F'

Tele/FAX : 011-25684945
Mil 36833

Central Organisation, ECHS
Adjutant General's Branch
Army Headquarters
Maude Line
Delhi Cantt – 110 010

B/49762/AG/ECHS

03 Aug 2007

(All Regional Centre ECHS)

TRANSFER OF SURPLUS MEDICAL STORES

1. It has been observed that many drugs/consumables are lying unused in ECHS Polyclinics/units which are not likely to be consumed during their shelf life. These were issued to ECHS Polyclinics at the time of its inception without proper MMF which was not available at that time. As MMF is only a gross estimate based on the past consumption, it could not be applied to ECHS very accurately due to the dynamic nature of dependent population. Therefore there is a high incidence/ probability of over stocking/under stocking.

2. In view of the above, please issue necessary instructions to ECHS Polyclinics under your AOR, to issue such surplus medical stores to ECHS medical stores of Service Hospitals in the same/ adjacent SEMO zone, so that the medicines can be utilized within their shelf life.

(G Ghose)
Col
Dir (Med)
For MD

Copy to :-

DGAFMS/DG-2E

(All HQ Commands (Med)

AFMSD Delhi Cantt

For info please

Internal

DGMS (Army)/ DGMS 5 (B)

Annx '6'

Tele-25683476
ASCON- 36833

Central Organizations ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Maude Lines, New Delhi-10

B/49762/AG/ECHS

21 Dec 2016

(_____)

All Regional Centres ECHS

ACCOUNTING OF UNUSED MEDICINES RETURNED BY PATIENTS

1. Further to this office letter NO B/49762/AG/ECHS dt 07 Dec 2016..

2. Directors of all Regional Centres are here by advised to sensitize OIC Polyclinic under their AOR about the return of unused medicines which have been consumed by the patients be used for needy ECHS beneficiary.

3. The following procedure will be followed for accounting:-

(a) A collection box to be kept in premises of Polyclinic for unused medicines returned by the patients.

(b) These medicines (after checking date of expiry) should be taken on ledger charge of the medical store of Polyclinic by means of receipt voucher for re-issue through the dispensary of Polyclinic.

4. For you info and strict compliance please.

5. Instructions issued vide this office letter No under ref para 1 above hereby cancelled.

M Jaya Sekhar

(M Jaya Sekhar)
Lt Col
Jt Dir (Med)
for Dir

Appx 'H'

Tele: 011-2566 2870
Mil: 36833

Central Organisation, ECHS
Integrated HQ of MoD (Army)
Adjutant General's Branch
Main Block
Delhi Cantt – 110010

B/49761/AG/ECHS/Policy

04 Jul 2017

IHQ OF MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS & Med)
HQ Eastern Command (A/ECHS & Med)
HQ Western Command (A/ECHS & Med)
HQ Central Command (A/ECHS & Med)
HQ Northern Command (A/ECHS & Med)
HQ South Western Command (A/ECHS & Med)
HQ Andaman & Nicobar Command (A/ECHS)

NON ADMISSIBILITY OF PREPARATIONS SUCH AS FOOD SUPPLEMENTS, TONICS, COSMETICS AND VACCINES

1. As per CGHS Office Memorandum No. 39-3/2003-04/CGHS/MSD/RS dated 23 July 2009 issues on recommendations of an Expert Committee and Drug Controller General of India, it has been decided that :-

(i) Product manufactured/marketed as food supplement, cosmetics and ayurvedic preparations prescribed by allopathic doctors will not be admissible.

(ii) Supply of Vitamins, Minerals and anti-oxidants will be restricted to prevalent CGHS/ECHS formulary only.

(iii) Vaccines, in general, will be inadmissible, expect Hepatitis B, Influenza and Leprovac Vaccines for high risk individuals, if recommended by concerned specialist of empanelled hospital with justification and countersigned by Service specialist of the concerned speciality.

(IVS Gahlot)
Col
Dir (Med)
for MD

O/L

Internal

S & A Sec - for uploading on ECHS website pl.

Appx 'J'

Tele: 23092509

O/o DGAFMS
MinistryofDefence
PIN -908713
C/O 56 APO

3528/Disp/DGAFMS/DG2D

05 May 2015

AFMSD Delhi, Mumbai, Lucknow
AFTC Delhi, TC Kolkata, BTD AFMC

PREVENTION OF LOSS OF STORES DUE TO SHELF EXPIRY/OVERSTOCKING

1. Refer :-
   (a) CAG report 18018/2012-13(para 5.9 page 63-65).
   (b) SOP on Safeguard against loss of medical stores issued vide this office Letter No 29302/Policy/DGAFMS/DG-2D dt 25 Jul 2011.
   (c) Advisory on Prevention of loss of stores due to shelf expiry/overstocking issued vide this office letter No 3528/DGAFMS/DG-2D dated 22 Mar 2013.
   (d) Advisory on Prevention of loss of stores due to shelf expiry/overstocking issued vide this office letter No 3528/DGAFMS/DG-2D dated 24 Dec 2014.

2. Direction for prevention of loss due to overstocking of medical store items have been issued by this office from time to time. Inspite of these instructions in place there have been overstocking of medical stores leading to expiry of medicines on shelf.

3. In view of the above, it is once again reiterated that following remedial means be taken by depots to avoid recurrence of such loss of stores in future.

   (a) Store keepers to be strictly instructed to initiate disposal action well in advance(at least 10 months before expiry of drugs). This time should be sufficient to dispose off the stores held by the depots.
   (b) AFMSDs should maintain a stock level of 06 months for short life drugs & 09 months for long life drugs.
   (c) MMF of the dependent units/hospitals be reviewed periodically to check that realistic MMF are being placed.
   (d) Action to be taken atleast 06 months before the expiry of medicines with the suppliers for replacement of medicines.
   (e) Replacement clause be incorporated in all RFPs to procurement of expendable medical stores.

4. This has the approval of Addl DGAFMS (E&S).

(Rishi Raj)
Lt Col
Jt Dir AFMS/DG-2D

Copy to:

DDG (Prov)

DDG (Stdn)

DG-2C, DG-2 (RC Cell), PCMC

Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare,
Nirman Bhawan, Maulana Azad Road,
New Delhi 110 001
****

No. S-11011/16/2012-CGHS(P) Dated the 8th April 2015

CIRCULAR

Sub: Promotion of prescription of generic drugs by medical practitioners - reg

Reference is invited to MoHFW O.M. No. H-11013/4/2010-DFQC dated 19th May 2011 followed by a Circular No. H-11013/7/2012-CGHS (P) dated 8th February 2013 and No.S-11011/16/2012-CGHS(P) dated 3rd May 2013 emphasizing the need of prescribing generic drugs. In this regard, it is reiterated that all Specialists/Doctors working in CGHS are hereby directed to ensure that generic drugs are prescribed to the maximum extent possible with a view to make medical treatment cost effective and affordable.

8/4/15
(Bindu Tegvan)
Director (CGHS-P)
[Tel: 2306 1831]

To

1. Director, CGHS, Nirman Bhawan, New Delhi
2. AD(HQ), CGHS, R.K.Puram, New Delhi
3. Addl.DDG(HQ), CGHS, Nirman Bhavan
4. All Additional/Joint Directors of CGHS cities outside Delhi
5. Additional Directors (SZ)/(CZ)/(EZ)/(NZ), CGHS New Delhi.
6. All CMOs In-charge of CGHS Wellness Centre in Delhi/NCR with a direction to display a copy of this circular prominently on the Notice Board at Wellness Centre.
7. Sr.CMO/CGHS Computerization, Nirman Bhavan, New Delhi.
8. PPS to Secretary (HFW)/DGHS/AS&FA/AS&DG, CGHS/JS(AKP)
9. Guard File.

Appx R...Gu

No. S.11030/15/2010-CGHS (P)
Government of India
Ministry of Health and Family Welfare
Department of Health & Family Welfare

Nirman Bhawan, Maulana Azad Road
New Delhi 110 108, dated the 10th June, 2010

To

(1) Dr. S. Barik, Addl Dir (Hqrs), CGHS, Bikaner House, New Delhi
(2) Dr. S. N. Mishra, Addl Dir (South Zone), CGHS Wellness Centre, Sector 8, R. K. Puram, New Delhi
(3) Dr. Murari Lal, Addl Dir (North Zone), CGHS Wellness Centre, Shankar Road, Rajender Nagar, New Delhi
(4) Dr. S. Roy, Addl. Dir (East Zone), Laxmi Nagar Wellness Centre, Laxmi Nagar, New Delhi
(5) Dr. (Smt) Anjana Saxena, Addl Dir (Central Zone), Aram Bagh Wellness Centre, Chitra Gupta Road, New Delhi
(6) Dr. D. K. Borah, Addl DDG (Hqrs), CGHS, Nirman Bhawan, New Delhi
(7) All Additional Directors / Joint Directors of CGHS cities outside Delhi

Subject: Prescription / issue of medicines to CGHS beneficiaries.

Dear Sir / Madam:

I am directed to enclose a copy of an Order, No: S-11025/45/10-MH.I dated the 26th May, 2010, issued by Medical Hospital – I Section, Directorate General of Health Services, on the above subject for information.

2. I am also directed to request all Additional Directors / Joint Directors in all CGHS cities (including Delhi) to circulate the Order to all wellness centres and in case any prescription by a doctor from any central health institution is detected to be at variance with these instructions, a copy of the prescription should be sent to Director, CGHS, for being placed before the Director General of Health Services.

Yours faithfully

(R. Ravi)
Deputy Secretary to the Government of India
[Tel: 2306 3483]

Encl: As above

Copy forwarded, for information, to Director, CGHS.

Annx 'K' ... Contd

No. S-11025/45/10-MH-I
Government of India
Ministry of Health & Family Welfare
Directorate General of Health Services
(Medical Hospital-I Section)
Nirman Bhawan, New Delhi
Dated the 26th May, 2010

ORDER

It has been observed that Doctors in the Central Government hospitals and autonomous institutions under the Ministry of Health and Family Welfare prescribe specific brands of medicines quite often with a rider that no substitute should be supplied. Instances have also come to notice where the prescribed drug was very expensive and cheaper substitutes were available. However, the patient did not have any choice but to procure the prescribed drug.

The matter has been considered by the Competent Authority. It is observed that generic drugs are usually much cheaper than branded drugs. Therefore, Central Government hospitals must provide only good quality generic medicines. It has, therefore, been decided that whenever any branded drug is prescribed in the above mentioned institutions, it shall invariably also be mentioned that any other equivalent generic drug could also be provided. For instance, if the prescription is for Tablet Crocin, then the prescription should read as 'Tab Crocin' or any other equivalent generic drug. The hospital would then give the flexibility of providing generic equivalents of the prescribed medicine.

It has also been decided that henceforth the prescription will be regularly monitored in Dte.G.H.S. to verify compliance with these instructions.

(Dr.Arvind Thergaonkar)
Additional Dupty Director General (M)
Telefax : 23062290

To

All Central Government Health Institutions in Delhi & outside Delhi (As per list)

Appx 'L'

F.No. 39-3/2003-04/CGHS/MSD/RS
Government of India
Ministry of Health & Family Welfare

****

Nirman Bhavan, New Delhi
Dated 23rd July 2009

OFFICE MEMORANDUM

Subject: **Non-admissibility of preparation such as primarily food, tonics cosmetics and vaccines.**

The undersigned is directed to say that the question of admissibility or otherwise to beneficiaries under CGHS/CS(MA) Rules 1944 of preparations which are primarily food, vitamins, Haematinic minerals, anti-oxidants, cosmetics and vaccines, has been under consideration for some time. On the recommendations of an Expert Committee and Drug Controller General of India, it has been decided that:

(i) Product manufactured/marketed as food supplement, cosmetics and ayurvedic preparation prescribed by allopathic doctors will be inadmissible.

(ii) Supply of vitamins, minerals and anti-oxidants will be restricted to prevalent CGHS formulary only.

(iii) Vaccines, in general, will be admissible, except Hepatitis B, Influenza and Leprovac Vaccines for high risk individual, is recommended by specialist with justification and countersigned by HOD of concerned speciality of Government Hospital.

These instructions take effect from the date of issue of the Office Memorandum.

(R.Ravi)
Deputy Secretary to the Government of India

To

All Ministries/Departments of Government of India.

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